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# **COVER LETTER**

### TO: Registration Section Division of Corporations

IZ FILMS L.L.C. SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person	
Legalzoom.com, Inc.	120
Firm/Company	1-1 2020 SEP
101 N Brand Blvd 11th FF	
Address	
Glendate, CA 91203	ELFLO ELFLO
City/State and Zip Code	
lozimusic@gmail.com	

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## IZ FILMS L.L.C.

#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed	i on05/07/2020	and assigned
Florida document number		

This amendment is submitted to amend the following:

# A. If amending name, enter the new name of the limited liability company here:

iZ Production Company L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

# Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

			<u></u>	
Providence if employed		SESKE SESKE	1020 SE	· · · ·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	(X)	1.50	1	ř
			-10	<u>rri</u>
			H 2	$\overline{\bigcirc}$
B. If amending the registered agent and/or	registered office address on our records,	enter-the	<u>jiame</u>	of the new
registered agent and/or the new registered office		0 P	6	
		العسل		
··· ··· ··· ···				
Name of New Registered Agent:	,,,,,,,			
New Registered Office Address:				
	Enter Florida street address			
	, Flori	ida		
-	City		Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
			Q Add
			Remove
			Change
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			Print
<u>.</u>			Remove
			Change
	·		🖸 Add
		<u></u>	Remove
			Change
			🗆 Add
		. <u>.</u>	Remove
			Change

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. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5/27/2020	
Signature of a member or authorized representative of a member	
Michael A. Zuccarelli	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00